



TOWN OF ISLIP DEPARTMENT OF PARKS, RECREATION AND CULTURAL AFFAIRS  
Division of Cultural Affairs and Senior Citizen Services

50 IRISH LANE • EAST ISLIP, NEW YORK 11730 • PHONE (631)224-5335 • FAX (631) 224-5638

**Thomas D. Croci, Supervisor**

Joseph J. Montuori, Jr, Commissioner

Dear Disabled Parking Permit Holder:

Attached please find an affidavit to verify that your New York State Disabled Parking Permit was stolen, lost or misplaced. Please do not sign this form until you have a Notary Public to witness your signature. If you have moved or changed your name, please include any **change in information** on the form. You must obtain a **police report** from your local police precinct verifying that your permit was stolen, lost or misplaced.

You should be able to locate a Notary Public at your local library, bank, attorney's office, insurance office, etc.

Please mail your request back to this office with the **police report and a copy of your driver's license**. You will receive your replacement permit in the mail as soon as possible. All completed requests will be processed and a replacement handicapped permit will be sent to you in the mail.

If you have any questions regarding this form or any other Services to the Disabled programs, you may call this office at (631) 224-5335 (voice) or (631) 224-5397 (TTY).

Sincerely,

Deputy Commissioner



**TOWN OF ISLIP**  
DEPARTMENT OF PARKS RECREATION  
AND CULTURAL AFFAIRS

**FOR OFFICE USE ONLY**

*Please return completed, notarized affidavit to:*

Lost/Stolen Permit #: \_\_\_\_\_

Replace with Permit #: \_\_\_\_\_

Driver's License No: \_\_\_\_\_

This affidavit is submitted in support of my request for the replacement of my New York State parking permit for a person with a disability. Any false statements made herein are punishable as a class "a" misdemeanor pursuant to penal law § 210.45 and vehicle and traffic law §1203-1(4) of the state of New York and will result in the immediate revocation of said permit. Permit shall be for use exclusively in a vehicle in which the person to whom it has been issued is being transported and such permit shall not be transferable and shall be forfeited if presented by any other person. Any abuse by any person, facility or agency to whom such a permit has been issued of any privilege, benefit, precedence or consideration granted pursuant to the issuance of such permit, shall be sufficient cause for revocation of said permit. Please enclose a copy of your driver's license. §1203-c(ii)

I, \_\_\_\_\_ (Print Full Name)

RESIDING AT \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ CURRENT PHONE NO.: \_\_\_\_\_

PRIOR ADDRESS: (if applicable) \_\_\_\_\_

BEING DULY SWORN, DEPOSE AND SAY THAT I SUBMITTED AN APPLICATION FOR A NEW YORK STATE PARKING PERMIT FOR PERSONS WITH DISABILITIES

MY DISABILITY IS: (please check one)      Permanent      Temporary

PLEASE REPLACE PERMIT DUE TO THE FOLLOWING CIRCUMSTANCE: (please check appropriate statement)

- ☐ Permit was never received in the mail
- ☐ Permit is presumed lost as of: (date) \_\_\_\_\_
- ☐ Permit was stolen on: (date) \_\_\_\_\_

**IF SAID PERMIT IS RECOVERED AT A LATER DATE, I SHALL RETURN IT TO  
THE DEPARTMENT OF PARKS RECREATION AND CULTURAL AFFAIRS**

\_\_\_\_\_  
SIGNATURE OF APPLICANT  
SWORN BEFORE ME THIS

\_\_\_\_\_  
DAY OF \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC